

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000085690 (2)**

1. Corporation Name:

**FASHIONS BY TYLER, INC.**



Principal Place of Business: ~~8040 WASHINGTON STREET #6 PORT RICHEY FL 34668~~  
Mailing Address: ~~8040 WASHINGTON STREET #6 PORT RICHEY FL 34668~~

3. Date Incorporated or Qualified: **11/06/1995**  
3a. Date of Last Report: \_\_\_\_\_  
4. FET Number: **59-3345133**  
Applied For: Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **4711 Charlene Lane**  
2a. Mailing Address: **4711 Charlene Lane**  
21. Suite, Apt. #, etc.: \_\_\_\_\_  
26. Suite, Apt. #, etc.: \_\_\_\_\_  
22. City & State: **New Port Richey, FL**  
27. City & State: **New Port Richey, FL**  
23. Zip: **34652** Country: \_\_\_\_\_  
28. Zip: **34652** Country: \_\_\_\_\_  
24. \_\_\_\_\_ 25. \_\_\_\_\_ 29. \_\_\_\_\_ 30. \_\_\_\_\_

9. Name and Address of Current Registered Agent: **TYLER, BETTE 2039 SAN SABASTIAN WAY SO. CLEARWATER FL 33515**  
10. Name and Address of New Registered Agent:  
81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_ FL 85. Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature need printed name of registered agent and that of preparer. (NOTE: Registered Agent signature is required for recording.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>Bette Tyler P/D</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bette Tyler</b>	12. NAME	
STREET ADDRESS	<b>2039 San Sabastian Way, So.</b>	13. STREET ADDRESS	
CITY- ST- ZIP	<b>Clearwater, FL 33515</b>	14. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY- ST- ZIP		24. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bette Tyler* **BETTE TYLER** **5-23-96** **813-44-8182**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year

CR2E034 (12/95)